

JOHN HERSEY HIGH SCHOOL
ALUMNI IMMUNIZATION REQUEST FORM



✦ A photocopy of your current Driver's License or State Identification must be submitted with this form ✦

Number of copies requested \$10.00 each

Print current information

Name _____ Maiden _____ Graduation Year _____
Address _____ Date of Birth _____
City, State, Zip _____ Phone _____
Signature of Alumni (**not parent**) _____ Date _____

I give permission to mail my high school immunization record to:

Name _____
Attention _____
Address _____
City, State, Zip _____

PLEASE NOTE:

- ✦ Mail your request form (verbal, faxed or e-mail requests are not accepted).
- ✦ Only you can request/sign for your immunization record to be released.
- ✦ Requests will not be processed without a completed form that includes your **signature, payment** and a **photo ID**.

MAIL TO: John Hersey High School
Attention: Registrar
1900 E. Thomas St.
Arlington Heights, IL 60004

OFFICE USE ONLY

Date Received _____ Total Fee Received _____ Date Mailed _____